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## BIB DATA SHEET

CONFIRMATION NO. 5165

<b>SERIAL NUMBER</b> 10/560,774	<b>FILING or 371(c) DATE</b> 12/14/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 4133	<b>ATTORNEY DOCKET NO.</b> BJS-3665-167
<b>APPLICANTS</b> Fabien Schweighoffer, Vincennes, FRANCE; Laurent Desire, Paris, FRANCE; Annelies Resink, Paris, FRANCE; Magali Rouquette, Paris, FRANCE;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/FR04/01630 06/25/2004				
<b>** FOREIGN APPLICATIONS *****</b> FRANCE 03/07824 06/27/2003				
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/17/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /SAHAR JAVANMARD/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance SJ Initials	<b>STATE OR COUNTRY</b> FRANCE	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 8
			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> NIXON & VANDERHYE, PC 901 NORTH GLEBE ROAD, 11TH FLOOR ARLINGTON, VA 22203 UNITED STATES				
<b>TITLE</b> Use of pyrazolopyridines for the treatment of cognitive deficits				
<b>FILING FEE RECEIVED</b> 900	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	